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STATE OF CONNECTICUT

Health Technology Work Group Minutes - DRAFT
February 10, 2012

Attendance

Time Deschenes Desmond, Roderick Bremby, Victor Villagra, Peter Zelez, Cheryl Waumo, Mark Raymond

Missing: Lori Reed-Fourquet; Roberta Schmidt, Vanessa Kapral

Audience: David Hickey, Susan Hogan and Logan Clark

Welcome and Introduction

Victor Villagra reviewed the workgroup charge and national context of health information technology network, policies and initiatives. Dr. Villagra presented a thorough review of the Draft of Interim Report. Sources of the report include discussions from this workgroup, four other workgroups from the Office of Health Reform and Innovation's and other recommendations. The report includes a review of inter-agency inventory, a vision for integration, new and emerging health IT tools that are, use either as distributed or shared technologies, and the value health IT progress to consumers.

DSS' current and future upgrades include the modernization of customer service delivery and eligibility systems, the latter ideally supported by 90/10 Federal dollars. DPH manages 1500 databases and over 100 applications. Some of them will be critical to executing the initial stages of health reform. Agencies databases do not stand alone but are linked to support key processes. For example DPH electronic vital records system and DSS Medicaid paternity files are linked. Understanding the levels of interoperability between them in important.

Across the state, providers are adopting electronic medical record systems. In order for those providers to take advantage of federal incentives they must be "meaningful users" of EMRs providers must meet one of the following three public health measures: submit e-data to CT DPH Immunization registries, submit syndromic data to CT DPH Systems, and provide electronic reportable lab results.

In the context of health IT developments across the state, this workgroup recommends system upgrades that promote interoperability. Dr. Villagra provides more agency-specific examples such as the DMHAS Data

Performance System (DDap). DDap is used for private non-profit provider (PNP) data as well as state/federal reporting and PNP performance management. In spite of sharing a common application, Avatar, DDS, DPH, and DAS have limited direct connectivity to each other.

To bring CT stakeholders and all users together, CT must pursue funding to support a forum where all users of HIT can meet regularly, maintain current knowledge about new and emerging HIT, share best practices, integrate existing technologies, and coordinate operational capabilities.

Dr. Villagra summarized the strategic plan and activities of HITE-CT. Existing health information exchanges in CT such as Yale, Danbury and Hartford Healthcare do not yet cross state lines. In the near future, CT state agencies will be linked through the health information exchange (HITE CT) and potentially link to other states as part of the National Health Information Network. In order to design the technical architecture of an enterprise system, we must identify the business requirements of the enterprise.

This report will be available online at the Office of Health Reform and Innovation website at www.healthreform.ct.gov.

Homework

Roderick Bremby requests comments to be submitted immediately in order to submit the report, Tuesday February 14, 2012.

In addition to this report, the workgroup must identify three objectives of the workgroup to present to the Health Care Cabinet.

Next Milestone

Report to the Health Care Cabinet Meeting, Tuesday February 14, 2012.

Meeting Adjourned